

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">107049144</div>	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		①				
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6		①				
7	E	①				
8	1	2	1			
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TOTAL DEP.		←	18	←		←
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
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